

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044826

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

251

Primary Registration District No.

5854

Registrar's No.

265

STATE FILE NUMBER

FILED DEC 9 1963

1. PLACE OF DEATH

a. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Pickering

Length of stay in 1b
19 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2 miles southeast

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Nodaway

c. CITY OR TOWN Pickering

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
2 miles southeast

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
CHARLES E. McCLURG

4. DATE OF DEATH
Month Day Year
12 3 63

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/26/83

9. AGE (last birthday)
80

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Own account

11. BIRTHPLACE (City and state or country)
Ravenwood, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

H. H. McClurg

13b. MOTHER'S MAIDEN NAME

Ida Ellen Rickard

14. NAME OF HUSBAND OR WIFE

Ethel Rice McClurg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ethel McClurg, Pickering, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

OTHER (c)

Acute Myocardial Infarction
Coronary Occlusion
Coronary Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

Just
76 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to 12/3/63 and last saw him alive on 5/10/63
Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
B. R. Simpson, M. D.

22b. ADDRESS

Maryville, Missouri

22c. DATE SIGNED

12/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
12/6/63

23c. NAME OF CEMETERY OR CREMATORY
Oak Hill

23d. LOCATION (City, town, or county)
Maryville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

12-4-63

26. REGISTRAR'S SIGNATURE

Bess Belt

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DEC 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed GD Merrick

Licensed Embalmer No. 5788

P. O. Address Thompsonville Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.